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PTO/SB/21 (04-07)

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the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/748,544 **TRANSMITTAL** Filing Date December 30, 2003 First Named Inventor **FORM** Ariela Zeira Art Unit 2611 Examiner Name Juan A. Torres (to be used for all correspondence after initial filing)

I-2-0472.1US

Attorney Docket Number

Tota	al Number of	Pages in	This Submission			1-2-047	2.105				
ENCLOSURES (Check all that apply)											
	Fee Attached				Allowance Communication to TC Il Communication to Board leals and Interferences Il Communication to TC Il Notice, Brief, Reply Brief) letary Information Letter Enclosure(s) (please Identify						
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			OF APPLICANT, ATT	ORNEY, C	OR AG	ENT				
Firm Name Volpe and Koenig, P.C.								٠			
Signature			c. K	2							
Printed name C. Frederick Koenig, II		erick Koenig, III	<u>, , </u>								
Date			9/8/17	,		Reg. No.	29,662	!			
CERTIFICATE OF TRANSMISSION/MAILING											
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Typed or printed name C. Frederick Koe			C. Frederick Koe	nig, III				Date	9/8/00		

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Effective		Complete if Known									
A Fabs pursuant to the Consolidate		Application Number 10/7			748,544						
FEE TRA	_ -	Filing Date		Decer	December 30, 2003						
For	F			Ariela Zeira							
		— [-	Examiner Name		Juan A. Torres						
Applicant claims small er		Art Unit		2611							
TOTAL AMOUNT OF PAYME	ENT (\$)	- /	Attorney Docket No.		I-2-0472.1US						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 09-0435 Deposit Account Number: 109-0435 Deposit Account Number: 109-0435 Deposit Account Number: 109-0435											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
under 37 CFR 1	1.16 and 1.1	17		<u> </u>	•			D			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEARC			ES								
	FILING F	EES SI		H FEES Small Entity	EXA		ION FEES				
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee		Fee (\$)	<u> </u>	Fees Paid (\$)		
Utility	300	150 5	00	250	200	0	100	_			
Design	200	100 1	.00	50	130	0	65				
Plant	200	100 3	00	150	160	0	80	_			
Reissue	300	150 5	00	250	600	0	300	_			
Provisional	200	100	0	0	(0	0				
2. EXCESS CLAIM FEESSmall EntityFee DescriptionFee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100									e (\$)		
Multiple dependent clair		nerdding Reissdes	,				360		80		
• •	xtra Claim	<u> Fee (\$)</u>	Fee P	aid (\$)			Multiple E	Depende	ent Claims		
- 20 or HP = HP = highest number of total cl	oime poid for	X =					Fee (\$)	E	ee Paid (\$)		
Indep. Claims E	xtra Claim	s Fee (\$)	Fee P	aid (\$)				-			
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): Petition for Extension of Time (3 mo.) 1020.00											
Other (e.g., rate titing surcharge). Petition for Extension of time (3 mo.)											

SUBMITTED BY Registration No. (Attorney/Agent) 29,662 Telephone 215-568-6400 Signature 62 Name (Print/Type) C. Frederick Koenig, III Date

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